

Reset Form

This button will clear all data on this form



Presumptive Eligibility for Pregnant Women: Approval

<- Enter person's name
 <- Address (one line)
 <- City, State ZIP

Enter the name of the person receiving PE here. The name will fill in the other two name fields.

Dear

Congratulations! You have been approved for medical assistance on a temporary basis through the Presumptive Eligibility for Pregnant Women program. You can only receive Presumptive Eligibility once during your pregnancy. You must complete the application process to get ongoing medical coverage. Remember, this coverage is temporary. Follow-through with the application process is needed to ensure that you continue to receive the medical care and coverage needed.

You will receive a member ID card in a few days. Until then, use this as proof of your health coverage. Show this letter to every doctor or other medical service provider that you see. Not all services are covered.

If you have questions about medical services and providers, please contact the Customer Service Center at 1-800-766-9012. A guide describing the health benefits will be sent to you in a few days.

Individual's Name (First, Middle Initial, Last)	Date of Birth	Date Coverage Begins
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you complete an application for KanCare, it will be sent to the KanCare Clearinghouse. The Clearinghouse will contact you when a decision is made about your eligibility for health coverage. They will also contact you if they need more information.

If you have questions about the application or eligibility process, please contact the KanCare Clearinghouse at 1-800-792-4884.

Note to Providers:

Please accept this letter as proof of coverage under the Kansas medical assistance program. Eligibility may not be reflected in the MCO's system or KMAP system for up to 7 days following the date coverage begins as indicated on this letter. This letter is official when it includes a PE Determination number in the lower right corner. This letter is valid proof of coverage only for 7 days following the date coverage begins as indicated on this letter. After 7 days, the individual must present her KanCare ID card at the time of service and eligibility must be verified through the KMAP system.

Providers must be enrolled with the KMAP in order to provide services.

Coverage is under the PEPW plan.

To verify the individual's eligibility information you may use one of the following methods:

- Automated Voice Response System (AVRS) at 1-800-933-6593
- Beneficiary Eligibility Verification System (BEVS) at
<https://www.kmap-state-ks.us/PROVIDER/SECURITY/login.asp>
- Provider Assistance Line at 1-800-933-6593

If the individual's eligibility is not reflected in the KMAP system after 7 days, contact the KanCare Clearinghouse at 1-800-792-4884. Be prepared to provide the information on this letter.

Qualified Entity Name:

PE Determination Site:

Qualified Entity Staff Name:

Enter your facility name here

If your facility has multiple sites, enter your current site

Your name

Signature of Qualified Entity Staff: Date:

You must sign this form for it to be valid

PE Determination Number:

This button will bring up the print dialog screen

Print

Save a Copy

Page 2 of 2

PE Determination 2015-04-15

This button will bring up the "save as" dialog screen. Be sure to change the name

Enter the confirmation number from the confirmation screen in the online PE Tool. This form is not valid without this number